

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34170

1. Entity Name

FLORIDA BUSINESS DEVELOPMENT CORPORATION

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90065 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6801 LAKE WORTH RD  
RM 209  
LAKE WORTH FL 33467  
US

6801 LAKE WORTH RD.  
STE. 209  
LAKE WORTH FL 33467  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0179159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANOS, MANNY  
6801 LAKE WORTH RD.  
STE. 209  
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | RODRIGUEZ, ZAIDA       |                                            |
| STREET ADDRESS | 475 RIO VISTA LANE     |                                            |
| CITY-ST-ZIP    | MERRITT ISLAND FL      |                                            |
| TITLE          | DPS                    | <input type="checkbox"/> Delete            |
| NAME           | MANOS, MANNY           |                                            |
| STREET ADDRESS | 8330 BERMUDA SOUND WAY |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33436 |                                            |
| TITLE          | V                      | <input type="checkbox"/> Delete            |
| NAME           | GESIO, EDUARDO         |                                            |
| STREET ADDRESS | 760 NW 42ND AVE        |                                            |
| CITY-ST-ZIP    | MIAMI FL               |                                            |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | FORTIN, MICHAEL        |                                            |
| STREET ADDRESS | 526 NE 10TH AVE        |                                            |
| CITY-ST-ZIP    | FT LAUDERDALE FL       |                                            |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | MAYHEW, MARK           |                                            |
| STREET ADDRESS | 780 NW 42ND AVE        |                                            |
| CITY-ST-ZIP    | MIAMI FL 33126         |                                            |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | BUZZELLI, GUY          |                                            |
| STREET ADDRESS | 6051 LAMBETH CIRCLE    |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33463    |                                            |

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE          |                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ravosa, Joe         |                                                                              |
| STREET ADDRESS | 7667 W. Sample Road |                                                                              |
| CITY-ST-ZIP    | Coral Springs, FL   |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of J. Manos* 2/23/02 561-433-0233

CP2E037 (9/01)